

JUL 17 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County SalineRegistration District No. #799File No. 22810Township StatePrimary Registration District No. 4479Registered No. 24City Joseph (No. 7)St. Ward

Ward

2. FULL NAME

(a) Residence, No. Joseph Henry JacksonSt. Ward

Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec-16-193311. Total time (years) spent in this occupation 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

FATHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

19. UNDERTAKER (ADDRESS)

20. FILE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

June-23-193422. I HEREBY CERTIFY that I attended deceased from April 1, 1934, to June 11, 1934I last saw him alive on June 1, 1934. Death is saidto have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral95%95%100%

Other contributory causes of importance:

Myocardial Infarction - 30%Pulmonary Edema - 5%Name of operation no Date of noWhat test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19noWhere did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no(Signed) W. M. Tuttle(Address) State No.

Registrar

#2

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

22810

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Joseph Henry Jackson
Who died at _____ on June 23 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex m Color or race w Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 42 Months 5 Days 15

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year 1934
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: _____

Other contributory causes of importance Hypertrophy Cardia Pulmonary Edema
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician W. E. Lockwood
Address of physician State, Mo.

Signature of Registrar W. M. Tittle Date filed June 23 - 34
This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 799

Very truly yours,

Primary Reg. Dist. No. 4479

E. T. McGaugh
Special Agent.

S-22810